

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/25/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445159	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/22/2011
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NAME OF PROVIDER OR SUPPLIER

BETHANY HEALTH CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

**421 OCALA DRIVE
NASHVILLE, TN 37211**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 046 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.</p> <p>This STANDARD is not met as evidenced by: Based on records review it was determined the facility failed to maintain the emergency lights.</p> <p>The findings include:</p> <p>Record review on 2/22/11 at 12.00 PM, revealed no annual test were conducted on the emergency lights located in the Physical therapy room, the A hall's electrical room, and the generator room. National Fire Protection Association (NFPA) 101, 7.9.3</p> <p>This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/22/11</p>	K 046	<p>Testing was conducted for 1 ½ hours on the emergency battery lighting located in the PT Gym, A Hall Electrical Room and the Generator Room following the surveyor exit on 2/22/11. This lighting is tied to the facility emergency generator.</p> <p>Inservice completed with maintenance department staff on 1 ½ hour test per light instead of 30 minute test that was conducted.</p> <p>Maintenance Director will report findings of monthly tests on emergency lighting to the QI Committee on a monthly basis.</p>	3-1-11
K 062 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to maintain the sprinkler system.</p> <p>The findings include:</p> <p>Observation of the 2nd floor central supply area</p>	K 062	<p>Box in Central Supply room immediately removed on 2/22/11</p> <p>Remainder of building inspected for storage too close to sprinkler head. No other problems identified.</p> <p>Inservice given to Central Supply Clerk regarding storage of items in relation to sprinkler heads.</p>	3-1-11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature] **ADMINISTRATOR** **4-4-2011**

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER BETHANY HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 421 OCALA DRIVE NASHVILLE, TN 37211		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 062	Continued From page 1 on 2/22/11 at 11:25 AM, revealed boxes were stored within 18 inches of a sprinkler head. National Fire Protection Association (NFPA) 13, 5.5.6 This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/22/11. NFPA 101 LIFE SAFETY CODE STANDARD	K 062	Maintenance Department will conduct monthly inspections. Results of inspections will be reported to the QI Committee on a monthly basis.		
K 147 SS=D	Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to maintain the electrical system. The findings include: (1) Observation of the B hall shower room on 2/22/11 at 11:07 AM, revealed a broken light cover. National Fire Protection Association (NFPA) 70, 110-12 (2) Observation of the laundry area located in the basement on 2/22/11 at 11:45 AM, revealed not all of the electrical outlets in the washer room were ground fault circuit interrupters (GFCI) NFPA 70, 517-20 These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/22/11.	K 147	Cracked light cover replaced immediately on 2/22/11. Remaining 363 facility light covers inspected. No other problems found. Electrical outlet in washer room replaced with GFCI on 2/22/11. Remaining outlets inspected and no others found out of compliance. Monthly inspections will be conducted on light covers and outlets by the Maintenance Department. Reports of monthly inspections will be conducted to the QI Committee on a monthly basis by the Maintenance Department Director.	3-1-11	

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